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APPLICATION NO. FILIN		IG DATE FIRST NAMED INVENT			VENTOR	2	ATTORNEY DOCKET NO.			CONFIRMATION NO.	
10/591,614 09/05/		5/2006 Masakazu SATC			то	Q96727			3121		
TITLE OF INVENTIO	N: THIAZOLE DE	RIVATIVE									
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE		DATE DUÉ	
nonprovisional	NO	\$1510.00		\$300.00			\$0.00	\$1,810.00		01/29/2010	
EXAMINER				ART UN	ART UNIT		S-SUBCLASS				
Taofiq A. Solola				1625		5	14-301000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36						printing	on the patent front	age list	Sugh	nrue Mion, PLLC	
☐ Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached.						(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Ro 03-02 or more recent) ATTACHED. Use of a Customer Number is required.					(2) the name of a single firm (having as a member a registered attorney or agent) and the 3 mames of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME	AND RESIDENCE	DATA TO B	E PRINTE	D ON THE PAT	ENT (pr	int or ty	ne)				
PLEASE NOTE: Unle recordation as set forth	in 37 CFR 3.11. Co	mpletion of the	his form is I	NOT a substitute	e for filin	e patent. g an assi	If an assignce is id gnment.	entified below, th	e docui	ment has been filed for	
(A) NAME OF ASSIG	NEE (B) RESI	DENCE: (CI	TY and STA	ATE OR COUN	TRY)						
TAISHO PHARMACI	EUTICAL CO., LTE	,	Tokyo, Jap	an							
Please check the appro	priate assignee categ	ory or catego	ries (will no	ot be printed on	the paten	t): 🗖 Ind	lividual 🗹 Corpora	tion or other priva	te group	p entity Government	
4a. The following fee(s) are submitted:					4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)						
☑ Issue Fee				☐ A check	☐ A check is enclosed.						
☑ Publication Fee (No small entity discount permitted)					□ Payment by credit card. Form 1310-2038 is attached.						
☐ Advance Order - # of Copies					\square The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number $\underline{19\text{-}4880}$.						
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Authorized Signature	authorized Signature Susan Man			Nack	Date Date			January 25, 2010			
Typed or Printed Name Susan J. Mack					Registration No.			30,951	30,951		
Modified PTOL-85 (R	ev. 08/08 Approved	for use throu	gh 08/31/20	10.							